

year) and dispensing about 2,000 spectacles per year. At this rate, 1.6 years are required by the Nayanjyot team to examine the entire target population. In Tanzania, the programme is run by optometrists and the Ministry of Health. InFOCUS trained 11 village-based eye care technicians, who receive a salary from the district optometrists. In Thailand, a large refugee population is served by village medics trained to incorporate primary eye care into their health care programme. In communities along the Texas-Mexico border, Rotary Club members examine children and sell affordable eye glasses to those who need them. In Brazil, opticians from the eastern part of the country establish eye care outlets in interior towns and villages, supplying both the FOCOMETER, training and 'wholesale' affordable spectacles to village-based workers. This approach is now embraced by almost 200 vision and health care agencies, missionary groups, volunteer eye care professionals and government agencies, who have acquired FOCOMETERS and are providing training to support permanent programmes.

## Economic Initiatives: Appropriate Technologies : Preventive Protocols

Economic incentives from the sale of affordable eye glasses motivate village-based providers and encourage expansion into neighbouring communities. The availability of affordable spectacles from existing suppliers (primarily in India) is increasing due to the increased volume of dispensing at the village level. InFOCUS is also investigating new and appropriate technologies (e.g., generating lenses from

liquid monomers and polymerization) which can be brought closer to the target populations. In addition, preventive protocols (e.g., ivermectin and vitamin A distribution, dry eye protection, and health education for sanitation and control of eye infections) are gradually being incorporated into the InFOCUS training curriculum.

The programmes described above are demonstrating that even in the poorest areas, people are willing and able to pay for eye care services when they are available in their own villages. Equipped with the FOCOMETER, training and a reliable source of low-cost spectacles, community-based providers are helping several underserved populations become substantially self-reliant for primary eye care services. These programme models may serve as prototypes for replication in areas with large unmet needs for basic vision services.

*For further information about InFOCUS or to obtain a FOCOMETER, contact InFOCUS, 327 Tealwood Drive, Houston, Texas 77024, USA or by e-mail: [rady@ibm.net](mailto:rady@ibm.net).*

*InFOCUS has also established the Center for Primary Eye Care Development in conjunction with several universities to promote training and research for organizations involved with international health development.*

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## Footnotes

**India:** Khalil S. Process Evaluation Report, Lori Nayanjyot Pvt., Ltd., Jalgaon, Maharashtra, India, 1998 (unpublished). Was conceived, implemented and currently directed by David Dunaway.

**Tanzania:** The Tanzania Healthy Eyes and Clear Vision Program is being developed by Valerian Lyimo, Vice-Principal of the School of Optometry, Moshi, Tanzania; Dr Simon Katenga, Division of Preventive Services, Tanzania Ministry of Health, and Dr Simon Gould, InFOCUS.

**Thailand:** Primary eye care development for refugee populations in southeast Asia has been undertaken by Dr Jerry Vincent with support from the American Refugee Committee, the International Rescue Committee, the United States Agency for International Development, and InFOCUS.

**Mexico:** Rotary International District 5930, under the leadership of W W Janecek, District Governor; LeRoy Forester, Past-President of the Alice, Texas Rotary Club, Romulio Garcia, Current President of the Alice, Texas Rotary Club, and the Rotary Club of Ciudad Miguel Aleman in Mexico, have pioneered and developed the international eye care programme for children along the Texas-Mexico border.

**Brazil:** Rural primary eye care development in Brazil has been organised by Dr Leda Antunes Clark, InFOCUS.

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## Abstract

# Compliance with Timolol Treatment in Glaucoma

Alan P Rotchford  
Karen M Murphy

## Purpose

To assess levels of compliance in elderly patients on timolol eyedrops for glaucoma.

## Methods

A postal questionnaire was sent from the general practitioner to 86 patients over 55 years of age on repeat prescriptions for

timolol eyedrops. The questionnaire asked details about the duration of treatment, family history, the level of understanding of the disease and the importance of treatment, other regular medication, side-effects attributed to the drops and how often patients omitted their drops. A search of practice and local hospital dispensing data was carried out to assess how frequently monthly repeat prescriptions for timolol eyedrops were actually dispensed over a 12 month period. This allowed a total volume to be calculated for each patient.

## Results

Twenty-four percent of patients admitted to omitting eyedrops either occasionally or frequently. Fifty-one per cent were found to have had insufficient drops dispensed to comply with treatment as prescribed. In non-compliant patients the mean period without drops was 85 days of the year, with a maximum of 165 days.

## Conclusion

Compliance with treatment is poor and patients underestimate their level of defaulting when questioned.

Published courtesy of:  
*Eye* 1998; 12: 234-6

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